
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

June 1, 2001
MEDNEWS #01-21

Stories this week:

MN012101. Portsmouth Graduates DEFY Participants
MN012102. TRICARE Comprehensive Website Available
MN012103. TRICARE Works Hard to Beef Up Customer Service
MN012104. Lemoore Refill Pharmacy Opens In Commissary
MN012105. The Great Fluoride Debate: 10 Rules for Better Health
Communication
MN012106. San Diego Docs Have World's Ear on Hearing Research
MN012107. Navy Targets Ecstasy Abuse
MN012108. HealthWatch: When the Bee Stings
-usn-

By JO3 Jodi M. Durie, NMC Portsmouth

MN012101. Portsmouth Graduates DEFY Participants

Portsmouth, VA - Naval Medical Center Portsmouth finished its first year sponsoring the Drug Education For Youth (DEFY) program with a graduation ceremony for its participating youngsters.

The graduation marked the conclusion of phase two of the program, which included workshops, community service events and recreational outings between children and mentors one day a month.

DEFY'S mission is to sponsor programs that teach character development, leadership and confidence to 9 to 12 year olds so they have the courage to lead positive healthy lifestyles as drug-free citizens.

"It was really fun and I learned a lot about how to withstand peer pressure," said recent graduate Corey Parker.

Phase one of the program, a two-week leadership camp, is scheduled to begin July 17-27. The camp introduces the children and mentors while building a foundation for the rest of the program.

-usn-

MN012102. TRICARE Comprehensive Website Available

The most comprehensive and up-to-date TRICARE information is available on the TRICARE Web site at www.tricare.osd.mil//ndaa. For those beneficiaries whose questions cannot be answered by the TRICARE Website, there are new TRICARE toll-free telephone numbers to TRICARE representatives with answers on TRICARE For Life, the TRICARE Senior Pharmacy Program, and TRICARE Prime Remote for active duty and their family members. These new telephone numbers will greatly expand TRICARE's ability to provide accurate information.

One of the best features of the new information technology center is the "warm hand-off." When beneficiaries reach a TRICARE Information Center representative, they are not disconnected until they have their questions answered, or they have been connected to another person who can help them. There are no telephone recordings or directories to sort through.

The toll-free telephone numbers for these TRICARE programs are:

- Senior Pharmacy Program 1-877-DOD-MEDS (1-877-363-6337)
- TRICARE For Life program 1-888-DOD-LIFE (1-888-363-5433)
- TRICARE Prime Remote for active duty and their family members program 1-888-DOD-CARE (1-888-363-2273).

Accessing the TRICARE Web site, available 24 hours a day, seven days a week, and using the tools available, such as "Frequently Asked Questions" beneficiaries can get the answers they need when they need them.

Hours of operation for the telephone information center are Monday through Friday 7 a.m. - 11 p.m., Saturday 9 a.m. - 8 p.m., and Sunday 10 a.m. - 5:30 p.m. ET.

-usn-

MN012103. TRICARE Works Hard to Beef Up Customer Service

By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

Arlington, VA - In December 1999, TRICARE was facing 30,535 claims still unpaid after 60 days. By March 2001, the grand total rode at four -- a 99.99 percent drop.

"Our feedback from senior line and enlisted leadership is that the field is reporting far, far fewer problems with TRICARE," said Air Force Col. Frank Cumberland. "Military community town hall meetings used to be all about TRICARE, but now people are more concerned with other quality of life issues. TRICARE is seen as a program that people like - especially as they have more experience using it."

Cumberland is director of communications and customer service for the TRICARE Management Activity here. He said improvements in claims processing is just one example of TRICARE's commitment to customer service.

"We try to benchmark what we're doing on the customer service side with what's going on in industry," Cumberland said. Compared with civilian health maintenance organization statistics, TRICARE fares well.

The American Medical Association News reported in the Nov. 6, 2000, issue that "38 percent of physician practices reported that it takes, on average, more than 45 days to receive payment" on a claim. The same publication had reported in March 2000 that uncontested claims took insurers an average of 69 days to pay.

TRICARE's average turnaround now is 12 days, Cumberland said.

The kick-off of the TRICARE Senior Pharmacy Program April 1 was "maybe the biggest test ever from a customer-service standpoint," he said. The program added 1.5 million new beneficiaries to the TRICARE system overnight and, by all accounts, went off without a hitch.

The start of the new program was also a huge communications success, Cumberland said. "The communications staff had to work hard ahead of time so people knew what to do on the day the program began," he said.

Officials hope recent improvements to the TRICARE benefit, such as TRICARE for Life, the Senior Pharmacy Program, TRICARE Prime Remote for Family Members and elimination of co-payments for active-duty family members, will have a positive impact on retention as well.

"As individuals sit around the kitchen table and debate the pros and cons of going or staying in the military, we want them to factor TRICARE in," Cumberland said. "The changes that have happened in the past year are as significant a benefit enhancement as anything I have ever seen in the military."

-usn-

MN012104. Lemoore Refill Pharmacy Opens In Commissary

By Lt. j.g. Don Capoldo, Naval Hospital Lemoore

Lemoore, CA - Among the frozen peas and the paper towels at the Naval Air Station Lemoore commissary is another essential for many military

medical beneficiaries - a prescription refill pharmacy.

"This is a big improvement," said CAPT Zack May, Commodore, Strike Fighter Wing Pacific. "For the service member, their families and our retirees, this will save the extra trip to the hospital."

Many retiree groups have also said the refill pharmacy will benefit them immensely.

"It is a marvelous idea," said Bob Apple, Fresno Military Retiree Counsel. "We usually go to both the hospital and to the commissary. Now it will be much more convenient."

The added convenience to all customers is exactly what Naval Hospital Lemoore had in mind when they decided to open the refill pharmacy. "All of us utilize the services that the commissary and the exchange offer," said CAPT Christine Bruzek-Kohler, MSC. "This makes such great sense because of the time saved for all of our customers."

One of the first refill pharmacy customers, Valerie Gasaway, loves the ease of the new service. "It is closer to everything else," said Gasaway. "This makes it more convenient because I always go to the exchange and commissary."

The benefit is not just for NH Lemoore's customers. "It will benefit both sides," explains Efren Metrillo, NAS Lemoore Commissary director and retired senior chief. "This will lighten the load at the hospital's pharmacy and attract more people to utilize the benefits of the commissary."

The customers of the main pharmacy at NH Lemoore will also see benefits. "This will reduce waiting times by utilizing all four windows for new prescriptions," said LCDR Bonney Mann, MSC, pharmacy department head. "This will be valuable to all pharmacy customers, not just those picking up refills."

All refills will be delivered to the refill pharmacy each morning. "If a customer calls in their refill 24 hours ahead of time it will be ready for them to pick up at the commissary the next day," said Mann. "They can call in their refills at 998-4454 or utilize our web site."

Customers choosing to refill by web can access NH Lemoore's web site at lemoore.med.navy.mil. The "online pharmacy refill" link will guide them easily through the process of refilling their prescription.

The hospital's main pharmacy will continue to fill all new prescriptions and explain the process to receive all subsequent refills at the commissary site. "Only refills will be available at the commissary site," states HMI Arney Johnson, pharmacy administration. "For a customer to fill their initial prescription they will have to come to the main pharmacy. After that initial prescription, all refills will be picked up at the commissary site."

-usn-

MN012105. The Great Fluoride Debate: 10 Rules for Better Health

Communication

By LT Loren P. Locke, MSC, Navy Environmental and Preventive Medicine Unit
Six Pearl Harbor, HI

Molokai, HI - Some 60 years ago, it was discovered that fluoride in drinking water prevented tooth decay. Communities began adding it to water, resulting in dramatic improvements in dental health.

Back then there was a small but vocal minority who opposed the addition for a variety of reasons. One of the more interesting theories, vogue in the 50s and 60s, was it was a communist plot to take over the government. Another more recent theory holds that the aluminum industry - or fertilizer industry, depending upon who you ask - has waste fluoride by-product they don't know what to with, so they fake research that indicates fluoride is beneficial. Once the "need" is created, the aluminum (or fertilizer)

industry begins selling off their waste product to the water industry.

Among the public health community, these claims are often met with rolling eyes and a few snickers punctuated with a few yawns. After all, the scientific evidence has proven fluoride is safe and effective for many decades. So when the Molokai (HI) Dental Health Coalition asked me to give a few presentations on fluoridation, I was happy to help them sift opinion from scientific evidence.

I had no idea what I was getting into.

My first clue was the articles in the local paper. Stories ran the gamut from allegations of fatalities due to fluoride overdose to accusations that "fluoridation does not reduce decay in permanent teeth" to claims that an EPA official said that 52 million Americans are at risk of adverse health affects from community water fluoridation."

At the public forum, it was obvious that both sides had the best interests of the community at heart. I took all concerns seriously and walked the differences between opinion and evidence. I went over the real data, and produced numerous studies about the effectiveness and safety of fluoride. I urged they look at the evidence, and form their own opinions.

It is the responsibility of the health professionals to provide information, especially when there is controversy. And here are my 10 rules that may help you along the way:

1. Never assume you know what motivates groups or individuals.
2. Never make blanket statements that can not be immediately supported with irrefutable evidence.
3. If there is pertinent or related evidence that doesn't support your position, provide it anyway. If you don't, someone will eventually dig it up and use it as evidence of a cover up.
4. If you are stating an opinion, identify it as such.
5. Do not make allusions to evidence you can't immediately produce.
6. Never tell the public what they should think. Provide evidence and let the public form their own opinions.
7. If you have evidence, it's OK to challenge inaccurate information, as long it's done tactfully.
8. It 's OK to challenge tactics that are obviously deceptive. Again, do it with tact.
9. Never make personal attacks.
10. Answer questions openly and honestly. "I don't know" is a perfectly acceptable answer - as long as it's the truth.

These are my rules; you can make your own. But get the word out! There's no shortage of controversial health issues out there. If fluoridation isn't an issue, look into immunizations, herbal remedies, over-the-counter diet pills. Wherever you see less than accurate health information, don't roll your eyes, go to work.

-usn-

MN012106. San Diego Docs Have World's Ear on Hearing Research

By Doug Sayers, NMC San Diego.

San Diego - Hearing loss, Meniere's disease, head trauma-induced dizziness, intense motion sickness - all these can effect a Sailor's ability to do their duty and can mean career loss. But thanks to the innovative work being done by scientists at the spatial orientation center at Naval Medical Center San Diego, help for these debilitating conditions may be on the way.

The researchers were invited to a recent meeting of the Association for Research in Otolaryngology and made nine presentations on their advances in the treatment of hearing and balance disorders.

One of the presentations detailed successes they've had in regenerating the tiny hairs within the ear that are essential for hearing. Previously, damage to the hair cells was considered untreatable, leading to permanent hearing loss. Other presentations detailed their success in treating Meniere's disease and other balance disorders.

"The level of hearing and balance research being done at this center exceeds that being done at the finest academic centers worldwide," said LCDR Michael W. Hoffer, MC, a research team co-leader at the orientation center. "We've been able to identify previously unknown causes for loss of hearing and balance, and had remarkable success in hearing recovery treatments."

The Office of Naval Research, Army, Marine Corps, NASA and civilian universities and institutes are working with the NMC San Diego to help advance their research.

"I look forward to the day when there is widespread application of our findings throughout DoD and into the civilian sector," said RADM Alberto Diaz Jr, commander of Naval Medical Center San Diego.

-usn-

MN012107. Navy Targets Ecstasy Abuse

By JO1 Daniel Pearson, Naval Military Personnel Command

Millington, TN - In the war on drugs, the Navy has a powerful new enemy: the synthetic "club drug" known as ecstasy. Its increasing abuse among Sailors over the last few years is cause for concern.

As a result, Navy leadership is reminding all hands that illegal drug use of any kind is a force protection issue that affects mission performance and safety; ecstasy is dangerous; and the Navy is committed to the policy of zero tolerance of illegal drug use.

While the actual number of Sailors who tested positive for ecstasy is relatively small, a disturbing trend is developing. Navy "positives" for ecstasy were 34 in FY98, 191 in FY99, and 238 in FY00.

According to Capt. John Jemionek, MSC, a member of the Navy's Drug Working Group on Ecstasy Abuse, a misconception some Sailors have is that the Navy doesn't test for ecstasy.

"Navy drug laboratories screen all military samples for the presence of ecstasy," according to Jemionek. He added that the Navy has also asked commercial vendors to develop an improved screening method to detect the drug, and that several new testing reagents are currently awaiting government approval.

"Navy drug laboratories will be introducing a more sensitive screening procedure to improve the detection of ecstasy at least three-fold," Jemionek explained.

In addition to enforcement of the Navy's "zero-tolerance" drug policy, the Navy is also increasing its efforts to educate Sailors and Navy leadership about the dangers and consequences of ecstasy abuse.

"Clearly, there is a need to get Sailors information on the health hazards of ecstasy abuse, the legal consequences of ecstasy abuse and the Navy Drug Screening Lab's capability to detect ecstasy through urinalysis," said Bill Flannery, head of the Navy's drug detection and deterrence branch.

To that end, the Navy will actively engage the chain of command at all levels, from work center supervisors to commanding officers, in a campaign to make everyone aware of the physical dangers and disciplinary ramifications of any illegal drug use, and to remind them that drug testing is an active, mandatory program.

The Navy's zero-tolerance policy on drugs is working, as the number of positive urinalysis results Navywide has dropped from 3.57 percent in FY85 to .78 percent in FY00.

Illegal drug use is simply incompatible with naval service, and Sailors

who test positive will be discharged under adverse circumstances.

"The risks associated with ecstasy abuse are too great, relative to your career, to your safety and to readiness," Jemionek asserted. "It's a matter of safety - yours and your shipmates. Don't accept the risk."

-usn-

MN012108. HealthWatch: When the Bee Stings

By Nicole Deaner, Bureau of Medicine and Surgery

Why does a buzzing bee cause the boldest to run for the hills? Most of us have experienced the pain of a sting or two in our lifetime, but for many, those stings can be life threatening. As you gear up for some outdoor activities, don't forget to pack your bug spray and familiarize yourself with symptoms of a severe reaction.

Venomous insects such as bees, hornets, wasps, yellow jackets and fire ants, attack as a defense mechanism, injecting toxic venom through their stingers as a signal for you to stay away from them.

There are two types of reactions that occur in individuals who are attacked by a venomous insect - localized and generalized or systemic reactions.

A localized reaction swells around the site of the bite and will turn red and itch. This typical reaction is always painful, but generally dissipates after a few hours and is not considered serious.

A generalized or systemic reaction is more severe and can be fatal. A highly sensitive individual can experience an extreme allergic reaction due to certain agents in the venom of the stinging insect or by the toxicity of the agent. Individuals experiencing a systemic reaction will experience redness, hives and swelling far away from the sting site.

A severe systemic reaction can progress to involve the airways and may cause wheezing, tightness in the throat, and shortness of breath. The victim can also experience swollen eyes, nausea and vomiting, slurred speech, loss of consciousness, and abdominal pain. It is extremely important for the individual to seek immediate medical assistance.

The best way to prevent being attacked by a stinging insect is simply to avoid them. There are a few steps you can take to make your encounters less likely:

- Don't swat at the insects - they are not shy creatures and will likely attack in defense.

- Avoid wearing brightly colored clothing - insects are attracted to colors that remind them of flowers.

- Don't wear perfume or cologne -- your eau de toilette for the day should be an insect repellent that contains diethyltoluamide (DEET).

- Avoid areas where there are orchards or flower gardens.

- While dining in the great outdoors, store food in tightly sealed containers.

If you come into contact with a stinging insect:

- Stinger should be removed immediately by gently scraping with fingernail or table knife or extract with tweezers.

- Reduce swelling by applying ice pack to sting site.

- Baking soda paste can be applied to area after stinger is removed.

- Antihistamine or calamine lotion can be applied to the area to reduce itching. Use only as directed.

- Do not scratch the area as it can lead to infection.

For a systemic or generalized reaction, further steps must be taken:

- Reduce your activity immediately and seek medical emergency assistance as soon as possible.

- Ask your doctor about special kits and desensitization shots.

- Instruct family members and friends on how to administer treatment.

- Wear a medic alert bracelet or necklace.

A serious reaction may not occur the first time an individual is attacked by a stinging insect. It is always important to carefully monitor the sting victim's reaction for several hours after the sting occurs. If the sting victim is exhibiting a systemic reaction, seek immediate medical assistance.

-usn-

Navy & Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department.

Information contained in MEDNEWS is not necessarily endorsed by the Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

MEDNEWS is distributed to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further distribution is encouraged.

Comments and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact J. K. Davis, MEDNEWS editor, at: mednews@us.med.navy.mil; telephone 202-762-3218, DSN 762-3218 or fax 202-762-3224.